

San Bernardino County - Department of Environmental Health Services

SWIMMING POOL OPERATION REPORT

Name of Pool _____ Owner
or Operator _____

Address _____ Month _____ Year _____

Date	Res. Chlorine (p.p.m.)		PH		Remarks
	AM	PM	AM	PM	
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THIS RECORD MUST BE POST IN CHLORINATOR ROOM OR OFFICE FOR ENVIRONMENTAL HEALTH DEPARMENT REVIEW. RECORDS SHALL BE KEPT ON FILE FOR ONE YEAR.